

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

 ATTORNEY'S DOCKET
PK4654USw

 First Name Inventor:
Bhandari
Complete if known:
 App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(c))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONDENSED HETEROCYCLIC COMPOUNDS AS CALCITONIN AGONISTS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on _____ as United States application Serial No. _____ or PCT International

 Application Number PCT/US03/05605 filed February 24, 2003 and was amended on (MM/DD/YYYY)
 _____ (if applicable)

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 Five Moore Drive, PO Box 13398
 Research Triangle Park, NC 27709-3398

Amy H. Fix
 919-483-8911

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1-00	FULL NAME OF INVENTOR	FAMILY NAME BHANDARI	FIRST GIVEN NAME Ashok	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature <i>a22</i>		Date: 8th Oct. 2003
	RESIDENCE & CITIZENSHIP	CITY Milpitas <i>CA</i>	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 831 Cameron Circle	CITY Milpitas	STATE & ZIP CODE/COUNTRY CA 95305 US
2	FULL NAME OF INVENTOR	FAMILY NAME BOROS	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Eugene
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME COWAN	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL John
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

Rec'd PCT/PTO 07 SEP 2004
10/507006

2	FULL NAME OF INVENTOR	FAMILY NAME HANDLON	FIRST GIVEN NAME Anthony	SECOND GIVEN NAME/INITIAL Louis
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME HYMAN	FIRST GIVEN NAME Clifton	SECOND GIVEN NAME/INITIAL Earl
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2	FULL NAME OF INVENTOR	FAMILY NAME OPLINGER	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL Alan
	INVENTOR'S SIGNATURE	Signature		Date:
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2	FULL NAME OF INVENTOR	FAMILY NAME RABINOWITZ	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3210 Merryfield Row	CITY San Diego	STATE & ZIP CODE/COUNTRY CA 92121 US
2	FULL NAME OF INVENTOR	FAMILY NAME TURNBULL	FIRST GIVEN NAME Philip	SECOND GIVEN NAME/INITIAL Stewart
	INVENTOR'S SIGNATURE	Signature		Date:
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	BHANDARI	Ashok		
0	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Milpitas	CA		US
1	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	831 Cameron Circle	Milpitas	CA 95305 US	
2-80	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	BOROS	Eric		
0	INVENTOR'S SIGNATURE	Signature		Date:
		<i>Eric Eugene Boros</i>		<i>10/6/03</i>
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Durham	US	NC US	US
2	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	COWAN	David		
0	INVENTOR'S SIGNATURE	Signature		Date:
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	Durham	NC US		US
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	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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		Milpitas	CA	US
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	BOROS	Eric		
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	INVENTOR'S SIGNATURE	Signature <i>Anthony Louis Handlon</i>		Date: <i>October 7, 2003</i>
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
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	INVENTOR'S SIGNATURE	Signature		Date:
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206	FULL NAME OF INVENTOR	FAMILY NAME OPLINGER	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL Alan
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
207	FULL NAME OF INVENTOR	FAMILY NAME RABINOWITZ	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3210 Merryfield Row	CITY San Diego	STATE & ZIP CODE/COUNTRY CA 92121 US
203	FULL NAME OF INVENTOR	FAMILY NAME TURNBULL	FIRST GIVEN NAME Philip	SECOND GIVEN NAME/INITIAL Stewart
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

Rec'd PCT/PTO 07 SEP 2004
10/507006

2	FULL NAME OF INVENTOR	FAMILY NAME HANDLON	FIRST GIVEN NAME Anthony	SECOND GIVEN NAME/INITIAL Louis
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
5-60	FULL NAME OF INVENTOR	FAMILY NAME HYMAN	FIRST GIVEN NAME Clifton	SECOND GIVEN NAME/INITIAL Earl
	INVENTOR'S SIGNATURE	Signature <i>Clifton Earl Hyman</i>		Date: 10/9/03
0	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME OPLINGER	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL Alan
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME RABINOWITZ	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3210 Merryfield Row	CITY San Diego	STATE & ZIP CODE/COUNTRY CA 92121 US
2	FULL NAME OF INVENTOR	FAMILY NAME TURNBULL	FIRST GIVEN NAME Philip	SECOND GIVEN NAME/INITIAL Stewart
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CA
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

10/507006

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PK4654USwFirst Names Inventor:
BhandariComplete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONDENSED HETEROCYCLIC COMPOUNDS AS CALCITONIN AGONISTS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/05605 filed February 24, 2003 and was amended on (MM/DD/YYYY)
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/362,011 ✓	03/06/2002 ✓	
2.		

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER
PU4654USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347
David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Amy H. Fix
919-483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BHANDARI	Ashok	
	RESIDENCE & CITIZENSHIP	CITY Milpitas	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 831 Cameron Circle	CITY Milpitas	STATE & ZIP CODE/COUNTRY CA 95305 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BOROS	Eric	Eugene
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	COWAN	David	John
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

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10/507006

2	FULL NAME OF INVENTOR	FAMILY NAME HANDLON	FIRST GIVEN NAME Anthony	SECOND GIVEN NAME/INITIAL Louis
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME HYMAN	FIRST GIVEN NAME Clifton	SECOND GIVEN NAME/INITIAL Earl
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
6-02	FULL NAME OF INVENTOR	FAMILY NAME OPLINGER	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL Alan
	INVENTOR'S SIGNATURE	Signature <i>Jeffrey A. Oplinger</i>		Date: <i>October 7, 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME RABINOWITZ	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3210 Merryfield Row	CITY San Diego	STATE & ZIP CODE/COUNTRY CA 92121 US
2	FULL NAME OF INVENTOR	FAMILY NAME TURNBULL	FIRST GIVEN NAME Philip	SECOND GIVEN NAME/INITIAL Stewart
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CA
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PK4654USwFirst Names Inventor:
BhandariComplete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
- () Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONDENSED HETEROCYCLIC COMPOUNDS AS CALCITONIN AGONISTS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/05605 filed February 24, 2003 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/362,011	03/06/2002
2.	

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10/507006

Page 2 of 3

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued.

ATTORNEY'S DOCKET NUMBER
PK4654USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

David I. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Amy H. Fix
919-483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	BHANDARI	aSHOK	W	
0	INVENTOR'S SIGNATURE	Signature	Date:	
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Milpitas	CA	US	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	831 Cameron Circle	Milpitas	CA 95305 US	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	BOROS	Eric	Eugene	
0	INVENTOR'S SIGNATURE	Signature	Date:	
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Durham	NC US	US	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Research Triangle Park	NC 27709, US	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	COWAN	David	John	
0	INVENTOR'S SIGNATURE	Signature	Date:	
3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Durham	NC US	US	
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Research Triangle Park	NC 27709, US	
3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	COWAN	David	John	
0	INVENTOR'S SIGNATURE	Signature	Date:	
3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Durham	NC US	US	
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Research Triangle Park	NC 27709, US	
3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	COWAN	David	John	
0	INVENTOR'S SIGNATURE	Signature	Date:	
3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Durham	NC US	US	
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Research Triangle Park	NC 27709, US	

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Page 3 of 3

2	FULL NAME OF INVENTOR	FAMILY NAME HANDLON	FIRST GIVEN NAME Anthony	SECOND GIVEN NAME/INITIAL Louis
0	INVENTOR'S SIGNATURE	Signature		Date:
4	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HYMAN	FIRST GIVEN NAME Clifton	SECOND GIVEN NAME/INITIAL Earl
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME OPLINGER	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL Alan
0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
7-00	FULL NAME OF INVENTOR	FAMILY NAME RABINOWITZ	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Howard
0	INVENTOR'S SIGNATURE	Signature		Date: 11 August 2004
7	RESIDENCE & CITIZENSHIP	CITY San Diego CA	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3210 Merryfield Row	CITY San Diego	STATE & ZIP CODE/COUNTRY CA 92121 US
2	FULL NAME OF INVENTOR	FAMILY NAME TURNBILL	FIRST GIVEN NAME Philip	SECOND GIVEN NAME/INITIAL Stewart
0	INVENTOR'S SIGNATURE	Signature		Date:
8	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CA
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PK4654USw

First Names Inventor:
Bhandari

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(c))

As below named inventor. I hereby declare that:

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued	ATTORNEY'S DOCKET NUMBER PU4654USw
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2	FULL NAME OF INVENTOR	FAMILY NAME BHANDARI	FIRST GIVEN NAME Ashok	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Milpitas	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 831 Cameron Circle	CITY Milpitas	STATE & ZIP CODE/COUNTRY CA 95305 US
2	FULL NAME OF INVENTOR	FAMILY NAME BOROS	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Eugene
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME COWAN	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL John
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

2	FULL NAME OF INVENTOR	FAMILY NAME HANDLON	FIRST GIVEN NAME Anthony	SECOND GIVEN NAME/INITIAL Louis
0	INVENTOR'S SIGNATURE	Signature		Date:
4	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME HYMAN	FIRST GIVEN NAME Clifton	SECOND GIVEN NAME/INITIAL Earl
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
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0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME RABINOWITZ	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Howard
0	INVENTOR'S SIGNATURE	Signature		Date:
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-8200	FULL NAME OF INVENTOR	FAMILY NAME TURNBULL	FIRST GIVEN NAME Philip	SECOND GIVEN NAME/INITIAL Stewart
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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PK4654USw

First Names Inventor:
Bhandari

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONDENSED HETEROCYCLIC COMPOUNDS AS CALCITONIN AGONISTS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/05605 filed February 24, 2003 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/362,011 ✓	03/06/2002 ✓
2.	

10/507006

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

 ATTORNEY'S DOCKET NUMBER
 PK4654USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
 Customer Number 23347 and Customer Number 20462

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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10/507006

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